

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF DAKOTA

FIRST JUDICIAL DISTRICT

In Re: The Conservatorship/Guardianship of

**PETITION FOR FEES
PURSUANT TO M.S. 525.703**

(Name and Address of Protected Person/Ward)

Court File No. _____

That services have been rendered on behalf of the above-named protected person/ward as shown on the itemized statement on file with the Dakota County Department of Social Services. That said person is a recipient of Medical Assistance and has obtained in forma pauperis status.

Billing Summary

Type of Living Arrangement _____

Billing Date from _____ to _____

Approved Stipend \$ _____

Multiplied for months of billing X _____ (not to exceed 2 months)

Less Medicaid 5% allowance - _____

TOTAL DUE \$ _____

I declare that this demand is just and correct and that no part of it has been paid. This bill is being submitted to Dakota County Social Services because the protected person/ward lacks the necessary funds to pay the bill. The protected person/ward has not received any inheritance, property or other funds, which would make the conservator/guardian/attorney ineligible for payment by Dakota County. Therefore, I submit this bill to Dakota County Social Services, One Mendota Road, West St. Paul, MN 55118 for payment.

Dated: _____

By: _____

(Name, address phone number of Conservator/Guardian/Attorney)

ORDER

BASED UPON THE FOREGOING, IT IS HEREBY ORDERED:

That Dakota County Department of Social Services is ordered to pay to _____,
the sum of \$ _____ as and for fees and expenses incurred in this matter.

BY THE COURT

For Dakota County Use

Approved by: _____

Date: _____

Judge of District Court

Date